

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		2		1			54				
5		2		1			55				
6		2		1			56				
7		2		1			57				
8		⑩		1			58				
9							59				
10				1			60				
11			1				61				
12				1			62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	↓		2		↓		TOTAL IND.	↓		↓	
TOTAL DEP.	↓		10		↓		TOTAL DEP.	↓		↓	
TOTAL CLAIMS			12				TOTAL CLAIMS				